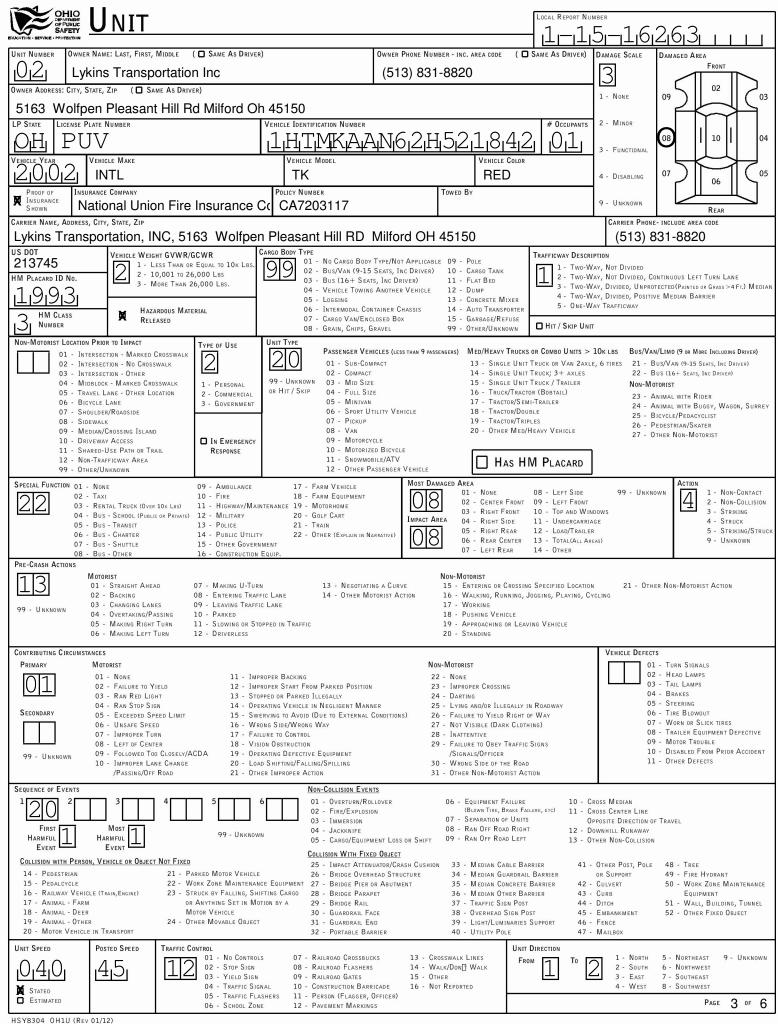
OHIO PARAFFIC CRASH REPORT	LOCAL REPORT NUMB	ER *	CRASH SEV	AVATA R HISTORIAN
ENGATION - SERVICE - PROTECTION LOCAL INFORMATION 2 car MVA, PDO	1-15	<u>1-161216131</u>		FATAL 1 - SOLVED 2 - UNSOLVED PDO
PHOTOS TAKEN PROPERTY	ship Police Depar	tment	Number of Units	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
COUNTY * CITY * CITY, VILLAGE, TOWNSHIP * Miami		CRASH DATE * 121621C	115 223	O DAY OF WEEK
DEGREES / MINUTES / SECONDS LATITUDE O / // O /	DECIMAL DEGREES LATITUDE R		LONGITUDE	(100
	D Types or Milepost <sup>2</sup>	<u>L<sub>1</sub>5<sub>1</sub>0<sub>1</sub>5<sub>1</sub>7<sub>1</sub>6<sub>1</sub></u>		6122
₩ UNDIVIDED S - SOUTHBOUND W - WESTBOUND	- ALLEY CR - CIRCLE - AVENUE CT - COURT - BOULEVARD DR - DRIVE	HE- HEIGHTS MP - MILEI HW - HIGHWAY PK - PARKY LA - LANE PI - PIKE  ROUTE TYPES	NAY RD - ROAD TE - SQ - SQUARE TL -	TERRACE
SR ROUTE Type 1 5 0		LOCATION	E ROUTE (INC. TURNPIKE) CR	- NUMBERED COUNTY ROUTE - NUMBERED TOWNSHIP ROUTE
	efix Reference Name (Road N,S, E,W <b>Technicente</b>			REFERENCE ROAD TYPE 2
2 - MILE POST	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TR 99 - UNKNOWN	AILS INTERSECTION RELATED	LOCATION OF FIRST HARMFUL E  1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE	VENT 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
1 - STRAIGHT LEVEL 4 - CURVE GRADE PRIMARY SECONDARY 02 2 - STRAIGHT GRADE 9 - UNKNOWN 03	- DRY 05 - SAND, MUD - WET 06 - WATER (STA - SNOW 07 - SLUSH - ICE 08 - DEBRIS*			
MANNER OF CRASH COLLISION/IMPACT  1 - NOT COLLISION BETWEEN 2 - REAR-END 5 - BACKING 8 - SIDESWIPE, OPPO TWO MOTOR VEHICLES 3 - HEAD-ON 6 - ANGLE DIRECTION 9 - UNKNOWN IN TRANSPORT 4 - REAR-TO-REAR 7 - SIDESWIPE, SAME DIRECTION 9 - UNKNOWN	2 - CLO		7 - SEVERE CROSSWINDS NIL 8 - BLOWING SAND, SOIL 9 - OTHER/UNKNOWN	* SECONDARY CONDITION ONLY DIRT, SNOW
ROAD SURFACE  1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT 3 - BRICK/BLOCK 6 - OTHER  ROAD SURFACE LIGHT CONDITIONS PRIMARY SECONDARY 1 - DAYLI 2 - DAWN 3 - DUSK 4 - DARK 4 - DARK		Unknown Roadway Lighting *	- UNKNOWN SCHOOL ZONE RELATED	SCHOOL BUS RELATED  YES, SCHOOL BUS DIRECTLY INVOLVED  YES, SCHOOL BUS INDIRECTLY INVOLVED
WORKERS PRESENT  LAW ENFORCEMENT PRESENT  (OFFICERS/PRINCLE)  LAW ENFORCEMENT PRESENT  (OFFICERS/PRINCLE)  LAW ENFORCEMENT PRESENT  (VEHICLE ONLY)  3 - WORK ZONE  1 - LANE CLOSURE  4 - IN  2 - LANE SHIFT/CROSSOVER  5 - OT  WORK ON SHOULDER OR MEDIAN	TERMITTENT OR MOVING WORK HER	LOCATION OF CRASH IN WORK ZO	NE ST WORK ZONE WARNING SIGN NG AREA	4 - ACTIVITY AREA 5 - TERMINATION AREA
NARRATIVE Unit #1 was traveling North on SR 50. Unit #2 was traveling South on SR 50. Unit #1 lost control and struck Unit #2.	Diagram	.   .   .		Write an "N" on the compass diagram to indicate the direction of north.
		/		_
			///	_
		02		_
			/	_
				_
				_
			NOT TO	SCALE -
REPORT TAKEN BY  SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)			<del>                                     </del>	
Date Crash Reported         Time Crash Reported         Dispatch Time           1212162015         22311         22311	ARRIVAL TIME 2,2,40	<u>10101511</u> 1	OTHER INVESTIGATION TIME	TOTAL MINUTES
OFFICER® NAME * Foster, Tyler	Officer Badge Number M18	Checked By  Drake, Sherry		Page <b>1</b> of <b>6</b>

OHIO DEPARTMENT OF PUBLIC POPULATION  ESUCATION - REPORTED IN PROTECTION			LOCAL REPORT NUI	mber 51—1161216131   1   1
UNIT NUMBER OWNER NAME: LAST, FIRST, MIDDLE ( M SAME AS DRIVE OWNER ADDRESS: CITY, STATE, ZIP ( M SAME AS DRIVER)	R)	Owner Phone Number - inc. area code	( X Same As Driver)	
LP STATE LICENSE PLATE NUMBER  OH DBE 9 4 6 0  VEHICLE YEAR TVEHICLE MAKE	VEHICLE IDENTIFICATION NUMBER 11G4HR53	L16 N1H14 6 2 4		2 - MINOR 08 10 04 3 - FUNCTIONAL
1992 BUIC PROOF OF INSURANCE COMPANY	LES POLICY NUMBER	TAN	J	4 - DISABLING 07 06 05
INSURANCE SHOWN  CARRIER NAME, ADDRESS, CITY, STATE, ZIP		Sora's Tov	ving	9 - UNKNOWN REAR  CARRIER PHONE- INCLUDE AREA CODE
US DOT  WEHICLE WEIGHT GVWR/GCWR  1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 To 26,000 LBS. 3 - MORE THAN 26,000 LBS.  HM CLASS  HAZARDOUS MATERIAL RELEASED	CARGO BODY TYPE  01 - No CARGO BODY TYPE  02 - BUS/VAN (9-15 S 03 - BUS (16+ SEATS, 04 - VEHICLE TOWING, 05 - LOGGING 06 - INTERMODAL CONT 07 - CARGO VAN/ENCLI 08 - GRAIN, CHIPS, GR	, INC DRIVER) 11 - FLAT BED ANOTHER VEHICLE 12 - DUMP 13 - CONCRETE M AINER CHASSIS 14 - AUTO TRANSF OSED BOX 15 - GARBAGE/RE	2 - Two-W 3 - Two-W 4 - Two-W 5 - One-W	(AY, NOT DIVIDED (AY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE (AY, DIVIDED, UNPROTECTED(PAINTED OR GRASS > 4 Ft.) MEDIAN (AY, DIVIDED, POSITIVE MEDIAN BARRIER (AY TRAFFICWAY)
Non-Motorist Location Prior to Impact  01 - Intersection - Marked Crosswalk 02 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	UNIT TYPE	CLES (LESS THAN 9 PASSENGERS) MED/HEAVY  ACT 13 - SINGL  14 - SINGL  15 - SINGL  16 - TRUCL  17 - TRACT  18 - TRACT  19 - TRACT  20 - OTHER  B BICYCLE  LEFATV	TRUCKS OR COMBO UNITS >  LE UNIT TRUCK OR VAN 2AXLE  LE UNIT TRUCK; 3 + AXLES  LE UNIT TRUCK / TRAILER  VATRACTOR (BOBTAIL)  TOR/SEMI-TRAILER  TOR/DOUBLE	10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)
SPECIAL FUNCTION 01 - NONE	NMENT	O3 - RIGHT F  IMPACT AREA 04 - RIGHT S	IDE 11 - UNDERCARRIA EAR 12 - LOAD/TRAILER ENTER 13 - TOTAL(ALL ARE	AGE 4 - STRUCK R 5 - STRIKING/STRUCK
PRE-CRASH ACTIONS	FIC LANE 14 - OTHER MOTO			
02 - FAILURE TO YIELD   12 - IM    03 - RAN RED LIGHT   13 - STI     04 - RAN STOP SIGN   14 - OP    05 - EXCEEDED SPEED LIMIT   15 - SW     06 - UNSAFE SPEED   16 - WI     07 - IMPROPER TURN   17 - FA     08 - LEFT OF CENTER   18 - VII     99 - UNKNOWN   09 - FOLLOWED TOO CLOSELY/ACDA   19 - OP     10 - IMPROPER LANE CHANGE   20 - LO.	PROPER BACKING PROPER START FROM PARKED POSITION DPPED OR PARKED ILLEGALLY ERATING VEHICLE IN NEGLIGENT MANNE ERVING TO AVOID (DUE TO EXTERNAL CO TOONG SIDE/WRONG WAY LLURE TO CONTROL SION OBSTRUCTION ERATING PEFECTIVE EQUIPMENT AD SHIFTING/FALLING/SPILLING HER IMPROPER ACTION		GALLY IN ROADWAY RIGHT OF WAY K CLOTHING) TRAFFIC SIGNS IE ROAD	VEHICLE DEFECTS  01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
SEQUENCE OF EVENTS  1 2 0 2 3 4 5 99 - UNKNOW  FIRST 1 HARMFUL 99 - UNKNOW  EVENT 1 EVENT 99 - UNKNOW  COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED  14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE  15 - PEDALCYCLE 22 - WORK ZONE MAINTENAI  16 - RAILWAY VEHICLE (TRAIN, ENGINE) 23 - STRUCK BY FALLING, SI-  17 - ANIMAL - FARM 00 RAINTHING SET IN M.  18 - ANIMAL - DEER MOTOR VEHICLE  19 - ANIMAL - OTHER 24 - OTHER MOVABLE OBJECT  20 - MOTOR VEHICLE IN TRANSPORT	05 - CARGO/EQUIPME  COLLISION WITH FIXED  25 - IMPACT ATTENU.  26 - BRIDGE OVERHER  27 - BRIDGE PIER OR  1FTING CARGO 28 - BRIDGE PARAPE  27 - BRIDGE PARAPE  28 - BRIDGE RAIL  30 - GUARDRAIL FAC	OVER	RAKE FAILURE, ETC)  11 - CI  12 - DI  13 - O  BLE BARRIER  ARDRAIL BARRIER  ARDRAIL BARRIER  ARDRAIL BARRIER  42 - HER BARRIER  43 - HER BARRIER  44 - SIGN POST  AARIES SUPPORT  46 -	ROSS MEDIAN ROSS CENTER LINE PPOSITE DIRECTION OF TRAVEL OWNHILL RUNAWAY THER NON-COLLISION  OTHER POST, POLE 48 - TREE OR SUPPORT 49 - FIRE HYDRANT CULVERT 50 - WORK ZONE MAINTENANCE EQUIPMENT DITCH 51 - WALL, BUILDING, TUNNEL EMBANKMENT 52 - OTHER FIXED OBJECT FENCE MAILBOX
UNIT SPEED POSTED SPEED  O1 - NO CONTROL  O2 - STOP SIGN O3 - YIELD SIGN O4 - TRAFFIC SIGN O5 - TRAFFIC SIGN O6 - SCHOOL ZOL O6 - SCHOOL ZOL	08 - RAILROAD FLASHERS 09 - RAILROAD GATES SNAL 10 - CONSTRUCTION BARRIC ASHERS 11 - PERSON (FLAGGER, O	14 - WALK/DON] WALK 15 - OTHER CADE 16 - NOT REPORTED FFICER)	FROM TO TO	1 - North 5 - Northeast 9 - Unknown 2 - South 6 - Northwest 3 - East 7 - Southeast 4 - West 8 - Southwest Page 2 of 6



	OHIO MOTORIST	/ Non-l	Notor	IST / <b>0</b> 0	CCUPANT	LOCAL REPOR		 6,2,6,3,	
UNIT NUMBE						DATE OF BIRTH	<u> </u>		GENDER F - FEMALE
ADDRESS, CI	MORTON, TERRY					<u>  1  2  0  </u>  -	4 <sub>1</sub> 1 <sub>1</sub> 9 <sub>1</sub> 5 <sub>1</sub>	8 57	M - MALE
15	Crosstown Rd Williamsb	urg Oh 45106					(513) 724	-1247	
INJURIES 1	Injured Taken By EMS Agency		MEDICAL FACILITY IN	JURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMP MOTORCYC HELMET		AIR BAG USA	GE EJECTION TRAPPED
OL STATE OIL	OPERATOR LICENSE NUMBER	OL CLASS NO VALID OL	M/C CONDITION	ALCOHOL/DRUG SUSPECT	ED ALCOHOL TEST STATUS	S ALCOHOL TEST	TYPE ALCOHOL TEST	VALUE DRUG TEST	STATUS DRUG TEST TYPE
OFFENSE CHA	. –	OFFENSE DESCRIPTION Failure To	Maintain Co	ontrol	CITATION NUMBER	<u>  —                                   </u>	□ De	ANDS-FREE	VER DISTRACTED BY
UNIT NUMBE	, , , , , , , , , , , , , , , , , , ,					DATE OF BIRTH	2105	AGE 5.0	GENDER F - FEMALE
Address, Ci	Gerwe, Jerome R					  TIGIDIT	OITIOIO CONTACT PHONE- INC	<u>메                                    </u>	M - MALE
5	E Day Circle Milford OH 4 INJURED TAKEN BY EMS AGENCY	5150-0000	MEDICAL FACILITY IN	JURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMP	SEATING POS	SITION AIR BAG USA	GE EJECTION TRAPPED
T Non-E	1				04	Motorcyci Helmet	01	1	
OL STATE	RP140909	OL CLASS NO VALID OL	M/C CONDITION	ALCOHOL/DRUG SUSPECT	ALCOHOL TEST STATUS	ALCOHOL TEST	TYPE ALCOHOL TEST	VALUE DRUG TEST	STATUS DRUG TEST TYPE
OFFENSE CHA	ARGED ( LOCAL CODE)	OFFENSE DESCRIPTION	DN .		CITATION NUMBER		☐ De	ANDS-FREE	VER DISTRACTED BY
Injuries 1 - No In	JURY / NONE REPORTED 1 - NOT TRANSPOR	SAFETY EQUI MOTORIST	PMENT USED	99 - Unki	NOWN SAFETY EQUIPMENT		Non-Motorist 09 - None User	11	2 - Reflective Clothing
2 - Possi 3 - Non-l 4 - Incap 5 - Fatal	INCAPACITATING 2 - EMS vacitating 3 - Police	02 - Shou 03 - Lap I	USED - VEHICLE OCCU LDER BELT ONLY USED BELT ONLY USED LDER AND LAP BELT US	06 - Сніц 07 - Вооз			10 - HELMET U: 11 - PROTECTIVE (ELBOWS,KNE	SED 1: PADS USED 14	3 - LIGHTING 4 - OTHER
02 - Fro 03 - Fro 04 - Sec 05 - Sec	OSITION  INT - LEFT SIDE (MOTORCYCLE DRIVER) INT - MIDDLE INT - RIGHT SIDE INDO - LEFT SIDE (MOTORCYCLE PASSENGER) INDO - MIDDLE INDO - RIGHT SIDE	08 - Third - Mig 09 - Third - Rig 10 - Sleeper Se 11 - Passenger		argo Area	12 - PASSENGER IN UNEI 13 - TRAILING UNIT 14 - RIDING ON VEHICLE 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN			AIR BAG USAGE  1 - NOT DEPLOYED  2 - DEPLOYED FRO  3 - DEPLOYED SID  4 - DEPLOYED BOD  5 - NOT APPLICAB  9 - DEPLOYMENT I	ONT IE FH FRONT/SIDE BLE
EJECTION  1 - NOT E.  2 - TOTALL  3 - PARTIA  4 - NOT A	LY EJECTED 2 - EXTRICATED BY MECHANICAL MEANS	OPERATOR LICENSE OF The CLASS A CLASS B CLASS C C C C C C C C C C C C C C C C C C	1 - 2 - 3 - s (Онто is D ) 4 -	DITION  - APPARENTLY NORMAL  - PHYSICAL IMPAIRMENT  - EMOTIONAL (DEPRESSED,  - ILLNESS	6 Angry, Disturbed)	- UNDER THE INF	FAINTED, FATIGUED FLUENCE OF DRUGS, ALCOHOL	ALCOHOL/DRUG SUS 1 - NONE 2 - YES - ALCOHO 3 - YES - HBD N 4 - YES - DRUGS 5 - YES - ALCOHO	DL SUSPECTED NOT IMPAIRED
4 - TEST	GIVEN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH	LUG TEST STATUS  L - NONE GIVEN  2 - TEST REFUSED  3 - TEST GIVEN, CONTA  4 - TEST GIVEN, RESUI  5 - TEST GIVEN, RESUI		DRUG TEST TYPE  1 - NONE  2 - BLOOD  3 - URINE  4 - OTHER	2 - Phone 3 - Texting/l 4 - Electron 5 - Other El	ACTION REPORTED	7 - EXTE	R INSIDE THE VEHICLE RNAL DISTRACTION
UNIT NUMBE	R NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		Age	GENDER F - FEMALE M - MALE
Address, Ci	ty, State, Zip						CONTACT PHONE- INC	LUDE AREA CODE	
Injuries	INJURED TAKEN BY EMS AGENCY		MEDICAL FACILITY IN	JURED TAKEN TO	SAFETY EQUIPMENT USES	DOT COMP MOTORCYC HELMET	LIANI	SITION AIR BAG USA	GE EJECTION TRAPPED
UNIT NUMBE	R NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		Age	GENDER F - FEMALE M - MALE
Address, Ci	TY, STATE, ZIP					<u> </u>	CONTACT PHONE- INC	LUDE AREA CODE	IVI - IVIALE
INJURIES	INJURED TAKEN BY EMS AGENCY		MEDICAL FACILITY IN	JURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COM	LIANI	SITION AIR BAG USA	GE EJECTION TRAPPED
						MOTORCYC HELMET	LE [		
									PAGE 4 OF 6



## TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DA	TE OF CR	RASH
1-15-16263	Miami Township Police Department	M 12	<sub>D</sub> 16	<sub>Y</sub> 2015

## FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I,		RY STATEMENT TO		
	PRINTED			
	Foster, Tyler	AT SR 50		
	OFFICER'S NAME	LOCA	TION	
Ιw	as comming around corner, slipped on wet pavement, tryed to	o correct stearing car spun around hit	lykins truck in the process.	
	DRESS OF WITNESS 1857 Crosstown Rd Williamsburg Oh 45106		PHONE (513) 724-1247	
Χ	MORTON, TERRY	OFFICER'S SIGNATURE  X Foster, Tyler	Page 5 of 6	
110	V 7000 4/07			



## TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DA.	TE OF CR	ASH
1-15-16263	Miami Township Police Department	<sub>M</sub> 12	<sub>D</sub> 16	<sub>Y</sub> 2015

## FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>(</u>				
F	PRINTED  Foster, Tyler	AT SR 50		
	OFFICER'S NAME	LOCA	TION	
ADDI	RESS OF WITNESS		PHONE	
5	5713 E Day Circle Milford OH 45150-0000  NATURE OF WITNESS	OFFICER'S SIGNATURE		
	Gerwe, Jerome R	X Foster, Tyler	Page 6 of 6	